

## EXHIBIT 1: WORKFORCE FACE SHEET

### MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09

County: Monterey

Date: December 18, 2007

This County's Workforce Education and Training component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services to the degree they comprise this County's Public Mental Health System workforce. This Workforce Education and Training component is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Exhibits 3 through 6.

Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

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## EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

Monterey County's planning process for the implementation of the Mental Health Services Act (MHSA) began in the spring and summer of 2005. The entire process involved over 1,800 participants in 77 meetings, including Behavioral Health Services (BHS) staff, clients and family members, low-income communities, ethnic minorities, community leaders and community based organizations. While this process was primarily focused on planning for services, all five categories of funding were reviewed during this process and extensive notes were retained for future submissions. As a starting point, these notes were reviewed for any suggestions that related to Workforce Education and Training (WET). It was recognized in reviewing these notes that there were additional partners that needed to be called to the table in order to develop the County's WET plan. The planning process included 62 meetings with the community colleges, the Workforce Investment Board, Office for Employment Training, Cal State University at Monterey Bay, Human Resources both in the Health Department and at the County Administrative Office level, Salinas Adult School, community based organizations currently providing support to the client workforce, client groups, and the Children's System of Care Family Advisory Committee. Additionally, a meeting was held with the tri-county (Santa Cruz, San Benito and Monterey) Behavioral Health Directors and the State Bay Area WET liaison to discuss forming a local regional partnership and projects which could be collaboratively sponsored.

The MHSA Transformation Team (Transformation Team), formed in March 2005, has continued to meet on a monthly basis to monitor the Community Services and Supports (CSS) implementation and plan for future components. This 20 member team is comprised of BHS staff, a union representative, public health epidemiologist, a member of the Mental Health Commission, two adult clients and five family members, a family partner and a youth mentor. Over the two year span of its existence, the Transformation Team has formed numerous sub-committees to address specific issues, including WET. This workgroup consists of the WET Coordinator, the consultant hired to assist in development of the WET plan, BHS management, supervisory and line staff, contractors, clients and family members, and staff of the Human Resources Division. Members of this committee, including two contractors, attended the State sponsored roundtable in preparation for plan development. A small working group for this subcommittee was formed to facilitate writing of the plan and this group met weekly during plan development. Additionally, the WET coordinator held ongoing meetings with the Children's System of Care Family Advisory Committee, members of the Transitional Age Youth Program and the consumer advocate to illicit input. It was the WET sub-committee's responsibility to provide input and initial approval of the plan prior to it being forwarded to the Transformation Team. Drafts of the plan were submitted at each meeting of the sub-committee for input and then forwarded to the Transformation Team and the Mental Health Commission for further comments.

## EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY—CONTINUED

A draft proposal was then posted on the Monterey County MHSA web-site in English and Spanish. Email notifications were sent to the 250+ individuals and organizations on the MHSA mailing list; notices were placed in the general circulation newspapers in the County; notices announcing the public comment period were sent to the libraries in the County for posting; upon request, a hard copy was mailed or made available for pick-up to the requestor; an email was sent to all county employees and contractors as well as new partners who had been a part of the WET planning process announcing availability of the draft proposal.

All public comments were reviewed and modifications were made to the draft as approximate or fiscally possible prior to final Public Meeting held at the Mental Health Commission Meeting on November 29, 2007. Forms were developed for input at this public meeting and they likewise have been retained, summarized, and any substantive changes to the plan were included in the final proposal.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS										
	Esti- mated	Position hard to fill?	# FTE estimated to meet need	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
	# FTE	1=Yes	in addition to # FTE	White/ Cau- casian	His- panic/ Latino	Ameri- can/ Black	Asian/ Pacific Island- der	Native Ameri- can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
Major Group and Positions	authorized	0=No	authorized	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>A. Uncensored Mental Health Direct Service Staff:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Mental Health Rehabilitation Specialist	20.0	0	8.0							
Case Manager/Service Coordinators	0.0	0	0.0							
Employment Services Staff	0.0	0	0.0							
Housing Services Staff	0.0	0	1.0							
Consumer Support Staff	14.9	0	2.0							
Family Member Support Staff	5.0	0	2.0							
Benefits/Eligibility Specialist	1.0	0	1.0							
Other Uncensored MH Direct Service Staff	20.0	0	2.0							
<i>Sub-total, A (County)</i>	60.9	0	16.0	7.2	42.3	2.0	2.3	1.0	0.0	54.7
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Mental Health Rehabilitation Specialist	38.0	1	8.0							
Case Manager/Service Coordinators	33.5	1	8.0							
Employment Services Staff	6.0	1	0.0							
Housing Services Staff	5.5	1	0.0							
Consumer Support Staff	7.5	1	2.0							
Family Member Support Staff	7.8	1	0.0							
Benefits/Eligibility Specialist	1.0	1	1.0							
Other Uncensored MH Direct Service Staff	14.0	1	2.0							
<i>Sub-total, A (All Other)</i>	113.3	8	21.0	47.7	45.2	14.3	5.2	1.0	0.0	113.3
<b>Total, A (County &amp; All Other)</b>	174.1	8	37.0	54.9	87.4	16.3	7.4	2.0	0.0	167.9

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS										
	Esti- mated	Position hard to fill?	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
	# FTE author- ized	1=Yes 0=No		White/ Cau- casian	His- panic/ Latino	Ameri- can/ Black	Asian/ Pacifi- c Islan- der	Native Ameri- can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
Major Group and Positions	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>B. Licensed Mental Health Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Psychiatrist, general	0.0	0	0.0							
Psychiatrist, child/adolescent	3.0	1	5.0							
Psychiatrist, geriatric	14.0	1	1.0							
Psychiatric or Family Nurse Practitioner	0.0	1	0.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	0.0	0	0.0							
Licensed Clinical Psychologist	8.0	1	0.0							
Psychologist, registered intern (or waived)	5.0	0	3.0							
Licensed Clinical Social Worker (LCSW)	27.9	1	14.0							
MSW, registered intern (or waived)	54.2	1	3.0							
Marriage and Family Therapist (MFT)	20.4	1	1.0							
MFT registered intern (or waived)	19.0	0	1.0							
Other Licensed MH Staff (direct service)	5.0	0	0.0							
<i>Sub-total, B (County)</i>	156.5	7	28.0	93.3	33.0	0.0	6.0	0.0	7.0	139.3
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Psychiatrist, general	7.3	1	0.0							
Psychiatrist, child/adolescent	2.4	1	0.0							
Psychiatrist, geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	0.0	0	1.0							
Clinical Nurse Specialist	2.0	0	0.0							
Licensed Psychiatric Technician	5.0	0	0.0							
Licensed Clinical Psychologist	2.7	1	1.0							
Psychologist, registered intern (or waived)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	9.0	1	3.0							
MSW, registered intern (or waived)	6.5	1	3.0							
Marriage and Family Therapist (MFT)	14.0	1	3.0							
MFT registered intern (or waived)	25.5	1	8.5							
Other Licensed MH Staff (direct service)	1.0	1	1.0							
<i>Sub-total, B (All Other)</i>	75.3	8	20.5	58.8	10.5	3.0	2.0	0.0	1.0	75.3
<b>Total, B (County &amp; All Other)</b>	231.8	15	48.5	152.1	43.5	3.0	8.0	0.0	8.0	214.6

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS										
			# FTE	Race/ethnicity of FTEs currently in the workforce – Col. (11)						
	Esti- mated	Position hard to	estimated to meet need			African-	Asian/ Pacific	Native	Multi	# FTE
	# FTE	fill?	In addition	White/ Cau-	His- panic/ Asian	Ameri- can/ Black	Island- der	Ameri- can	Race	(5)+(6)+
Major Group and Positions	author- ized	1=Yes 0=No	to # FTE authorized	casian	Latino	der	can	Other		(7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>C. Other Health Care Staff (direct service):</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Physician	0.0	0	0.0							
Registered Nurse	1.0	0	1.0							
Licensed Vocational Nurse	1.0	0	0.0							
Physician Assistant	1.0	0	0.0							
Occupational Therapist	2.0	0	1.0							
Other Therapist (e.g., physical, recreation, art, de)	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0							
Sub-total, C (County)	5.0	0	2.0	1.0	3.0	0.0	0.0	0.0	0.0	4.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Physician	3.0	1	1.0							
Registered Nurse	21.0	1	1.0							
Licensed Vocational Nurse	3.0	0	0.0							
Physician Assistant	1.0	1	0.0							
Occupational Therapist	2.1	1	2.0							
Other Therapist (e.g., physical, recreation, art, de)	6.0	1	2.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0							
Sub-total, C (All Other)	36.1	5	6.0	26.3	5.4	1.6	2.8	0.0	0.0	36.1
Total, C (County & All Other)	41.1	5	8.0	27.3	8.4	1.6	2.8	0.0	0.0	40.1
<b>D. Managerial and Supervisory:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
CEO or manager above direct supervisor	15.0	0	0.0							
Supervising psychiatrist (or other physician)	1.0	0	0.0							
Licensed supervising clinician	23.0	0	0.0							
Other managers and supervisors	4.0	0	0.0							
Sub-total, D (County)	43.0	0	0.0	26.0	9.0	1.0	0.0	1.0	1.0	38.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
CEO or manager above direct supervisor	27.0	1	1.0							
Supervising psychiatrist (or other physician)	1.0	0	0.0							
Licensed supervising clinician	11.5	1	3.0							
Other managers and supervisors	18.0	1	3.0							
Sub-total, D (All Other)	57.5	3	7.0	40.0	12.5	2.0	2.0	0.0	1.0	57.5
Total, D (County & All Other)	100.5	3	7.0	66.0	21.5	3.0	2.0	1.0	2.0	95.5

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS										
	Esti- mated	Position hard to fill?	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce – Col. (11)						
	# FTE author- ized	1=Yes 0=No		White/ Cau- casian	His- panic/ Latino	Ameri- can/ Black	Asian/ Pacific Island- der	Native Ameri- can	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
Major Group and Positions										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>E. Support Staff:</b>										
<b>County (employees, independent contractors, volunteers)</b>										
Analysts, tech support, quality assurance	15.0	0	0.0							
Education, training, research	0.0	0	1.0							
Clerical, secretary, administrative assistants	38.0	0	2.0							
Other support staff (non-direct services)	1.0	0	0.0							
Sub-total , E (County)	54.0	0	3.0	9.0	28.0	2.0	7.0	1.0	0.0	47.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>										
Analysts, tech support, quality assurance	5.5	1	1.0							
Education, training, research	1.5	1	0.0							
Clerical, secretary, administrative assistants	34.5	1	1.0							
Other support staff (non-direct services)	20.0	1	2.0							
Sub-total , E (All Other)	61.5	4	4.0	26.7	25.3	3.0	5.5	1.0	0.0	61.5
Total, E (County & All Other)	115.5	4	7.0	35.7	53.3	5.0	12.5	2.0	0.0	108.5
<b>County (employees, independent contractors, volunteers) (A+B+C+D+E)</b>										
	319.4	7	49.0	136.5	115.3	5.0	15.3	3.0	8.0	283.0
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers) (A+B+C+D+E)</b>										
	343.7	28	58.5	199.5	98.9	23.9	17.5	2.0	2.0	343.7
TOTAL COUNTY WORKFORCE (A+B+C+D+E)	663.1	35	107.5	336.0	214.1	28.9	32.7	5.0	10.0	626.6
<b>Race/ethnicity of individuals planned to be served -- Col. (11)</b>										
										All indivi- duals
				White/ Cau- casian	His- panic/ Latino	Ameri- can/ Black	Asian/ Pacific Island- der	Native Ameri- can	Multi Race or Other	(5)+(6)+ (7)+(8)+ (9)+(10)
Major Group and Positions										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>F. TOTAL PUBLIC MH POPULATION</b>										
	Leave Col. 2, 3, & 4 blank			37.1%	45.4%	6.6%	4.8%	0.8%	5.2%	100.0%
NOTE: Detail may not add to total, due to rounding.										



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS										
	Esti- mated	Position hard to fill?	# FTE estimated to meet need	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
	# FTE	1=Yes	to # FTE	White/ Cau- casian	His- panic/ Latino	African- Ameri- can/ Black	Asian/ Pacifi- c Island- der	Native Ameri- can	Multi Race Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
Major Group and Positions	author- ized	0=No	authorized	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
II. Positions Specifically Designated . . .										
	Estimated			Position hard to fill with			# additional consumer or			
	# FTE authorized and to be filled			consumers or family			family member FTEs			
Major Group and Positions	by consumers or family members			members? 1=Yes; 0=No			estimated to meet need			
(1)	(2)			(3)			(4)			
A. Unlicensed Mental Health Direct Service Staff:										
Consumer Support Staff			22.4			1			7.0	
Family Member Support Staff			12.8			1			13.5	
Other Unlicensed MH Direct Service Staff			0.0			0			0.0	
Sub-total, A:			35.2			2			20.5	
B. Licensed Mental Health Staff (direct service)										
			1.0			0			0.0	
C. Other Health Care Staff (direct service)										
			4.0			1			0.0	
D. Managerial and Supervisory										
			2.0			1			1.0	
E. Support Staff (non-direct services)										
			2.0			1			2.0	
GRAND TOTAL (A+B+C+E+E)			44.2			5			23.5	
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT										
III. Language Proficiency										
				Number who are		Additional num-		TOTAL		
Language, other than English				proficient		ber who need to		(2)+(3)		
(1)				(2)		(3)		(4)		
1. Spanish	Direct Service Staff			146		54		200		
	Others			63		13		76		
2. Chinese	Direct Service Staff			1		0		1		
	Others			1		0		1		
3. Filipino	Direct Service Staff			4		0		4		
	Others			0		0		0		
4. Hebrew	Direct Service Staff			1		0		1		
	Others			0		0		0		
5. Korean	Direct Service Staff			0		0		0		
	Others			1		0		1		
6. Polish	Direct Service Staff			1		0		1		
	Others			1		0		1		
7. Portuguese	Direct Service Staff			1		0		1		
	Others			0		0		0		
8. Tagalong	Direct Service Staff			2		0		2		
	Others			0		0		0		
9. Hungarian	Direct Service Staff			0		0		0		
	Others			1		0		1		
10. German	Direct Service Staff			1		0		1		
	Others			0		0		0		
TOTAL, all languages other than English:	Direct Service Staff			153		54		207		
	Others			64		13		77		

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

The comments below are responses from both the directly operated programs and the contractor providers who completed the survey.

**A. Shortages by occupational category:**

1. "Occupational Therapists, Chemical Dependency Counselors."
2. "We find virtually all occupations difficult to staff. Most of our positions are impacted greatly by area living costs that limit the qualified pool. In addition, our case management staff experience high turnover because we cannot match the compensation & benefits offered by government service."
3. "Positions are filled now but vacancies are difficult and costly to fill; sometimes vacant for long periods of time."
4. "We have difficulty with ALL licensed positions. They are difficult to fill and they are difficult to retain employees in those positions because neighboring Counties pay more than salaries in our county. We also have extreme difficulty in recruiting Occupational Therapists and Speech Therapists."
5. "Unfortunately, people are not pursuing the fields of Child Welfare and Social Work as occupations. This is leaving the community without qualified employees to service their needs. Compensation has also been an issue. We need to address the pay structure for these positions. As an industry, we need to address these needs and how to encourage people to choose Social Work and Child Welfare as career options."
6. "Males across the board, both therapists and case managers."
7. "Due to an ever increasing number of diagnosed persons seeking entry to our program, training in mental health and the diagnosis of bipolar, etc. would be helpful for current and new staff."
8. "There is a small pool of graduate students looking for work and the pay is very low. Most licensed therapists would not work for nonprofit low fees either."
9. "Human Resources for County considers the following positions to be hard to fill: Psychiatric Social Workers, particularly bilingual, Behavioral Health Aides who are clients or family members, Occupational Therapists, and Child and Geriatric Psychiatrists."

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT - CONTINUED

**B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:**

1. "Although our staff ethnicity and language proficiency are at or above the respective proportion of the target population, we still would like to improve those workforce statistics. We have been targeting the Latino/Latina candidates with some success and continue to emphasize that in recruiting."
2. "Need more Hispanic employees."
3. "As an employer we work very hard to develop a diverse staff, which we have been able to do. County staff, co-located in our program, is not diverse. County needs to work harder to develop and retain their own diverse staff."
4. "Currently 75% of the Monterey community is Latino. At least 50% of employees servicing this community should speak Spanish. 50% of our employees do speak Spanish."
5. "Our staff currently reflects the population we serve."
6. "Right the Family Empowerment program, we have one Spanish speaking trainee who works on a volunteer basis."
7. "In Monterey County 70-80% of those who are 200% below the poverty level are Latino and our staff who provide direct service do not reflect a comparable ratio. We need to continue our commitment to hire the majority of new staff who are bi-cultural or speak Spanish."

**C. Positions designated for individuals with client and/or family member experience:**

1. "This is a difficult category to attract. In addition to the obvious challenges of overcoming their psychiatric disability and being ready for the regular workforce, our requirements for criminal background checks result in a number of problems hiring individuals with the experience."
2. "We have three positions meeting this requirement. This is sufficient for our needs at this time."
3. "Parent Partners in our Adoption Wraparound program must be adoptive parents of children with special needs. Although we have numerous staff who are family members of clients, we did not recruit specifically for that experience."
4. "Though we currently have an employee who is dedicated to assist participants seek work, we could always appreciate assistance from the community."
5. "Recruitment for these positions is made difficult because there are not established techniques for focused recruitments."

### EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT – CONTINUED

**D. Language proficiency:**

1. "Need qualified (licensed/license-waived) bilingual (Spanish staff)."
2. "We need more licensed Spanish-speaking staff."
3. "We are currently meeting the needs of the community".
4. "We need more Spanish language and cultural competence in therapist and all case manager positions".
5. "We could use conversational Spanish classes to assist all staff with communicating in a general way in an interim time if a Spanish proficient employee isn't available."
6. "There is a shortage in this county of Bilingual Spanish speaking therapists."

**E. Other, miscellaneous:**

## EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

Reference to the "Public Mental Health System" throughout this document includes directly operated programs, contractors providing mental health services, client and family members and community partners who support and collaborate in the delivery of mental health services.

The actions described in the Work Detail include those that were submitted in the Early Implementation Proposal submitted in April 2007 in order to provide a complete summary of the total Workforce Education and Training Plan.

Year two budgets are based on the approval of the plan which would allow funding of programs in the last quarter of FY 2007-2008.

## EXHIBIT 4: WORK DETAIL

### A. WORKFORCE STAFFING SUPPORT - CONTINUED

#### **Action #1: Workforce Education and Training Coordination**

**Description:** Using early implementation dollars, a WET Coordinator was hired in July, 2007. This position is in charge of coordinating the implementation of education and training strategies identified in Monterey County by performing tasks such as conducting an assessment of staff, clients, youth, and family members training needs, assisting in the development and implementation of a strategic training plan for the Monterey County Public Mental Health System, and participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. Coordination efforts will further be supported by a client or family member hired to fulfill general clerical duties and coordinate specific training efforts.

#### **Objectives:**

1. Completion and analysis of Workforce Needs Assessment.
2. Completion and analysis of Training Needs Assessment within the public mental health programs directly operated and contractor providers.
3. Completion and analysis of Training Needs Assessment with clients and family members who may be potential hires within the public mental health system (or who are capable of providing client and family driven services).
4. Submission of WET plan (done in conjunction with consultant).
5. Coordination of training events for public mental health system.
6. Completion and monitoring of contracts with entities providing workforce education and training programs and services.
7. Participation in and support of regional and state education and training efforts to ensure coordination and reduce duplication of services.
8. Participation in local initiatives which expand opportunities and fiscal support for workforce development, i.e. community colleges, Workforce Investment Board projects etc.
9. Provide annual updates to WET plan and evaluate effectiveness of services and trainings provided.

**Budget justification:** This is a full time Management Analyst II Level position. Funding for Year 1 (FY 2006-07) represents approximately seven months of funding requested in the early implementation request \$70,600; funding for year 2 (FY 2007-08) represents the remaining months of second year \$38,175, and funding for year 3 (FY 2008-09) \$112,039 represents the full third year funding after a 3% increase from FY 2007-08. The cost of this position includes salaries and benefits according to the County's Salary schedules for a Management Analyst II position. Benefits included in this figure include PERS, social security; flex benefits, workers compensation, disability insurance, and special benefits.

This item also includes salary and benefit costs (\$6,000) for a half-time office assistant for 3 months in year 2 (FY 2007-2008) and half time cost (\$22,496) for a full year in FY 2008-2009. The cost for this position includes prorated benefits for FTE.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$70,600</b>	<b>FY 2007-08: \$44,175</b>	<b>FY 2008-09: \$134,535</b>
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## EXHIBIT 4: WORK DETAIL

### A. WORKFORCE STAFFING SUPPORT - CONTINUED

#### **Action #2: Workforce Development Specialist**

**Description:** During the planning process, a concept paper was developed for the following position and services; it is included within the County's plan with the intention of selecting a provider once funding is approved.

The Workforce Development Specialist position is designed to promote successful employment of clients and family members in the public mental health system in Monterey County. The goal of the program is to support the workforce needs of clients and family members in order to provide staffing for the public mental health system. The goal is to have staffing that is diverse, stable and committed to the principles of wellness and recovery as stated in the MHSA. General functions include recruitment, job analysis, training, job coaching, benefits counseling, negotiation of reasonable accommodations as needed for persons with disabilities. Functions may also include liaison with educational institutions that may provide training/education for employees.

#### **Objectives:**

1. Provide quarterly trainings for up to 20 clients/family members for skill development in areas such as social rehabilitation and wellness and recovery, record keeping, data management, peer counseling.
2. Provide monthly vocational support groups for clients who are employed in the public mental health system, projected average attendance 8-10.
3. Provide annual trainings for supervisors of client/ family member employees that cover benefits counseling, negotiation of reasonable accommodations, supporting clients/ family members, projected attendance-20.
4. Provide individual job support for 30 clients/family members per year. Work with clients, family members, and providers working in public mental health system to enhance job retention. Services to be offered include benefits counseling, negotiation of reasonable accommodations and general employment counseling.
5. Assist in development of courses at the community college level that would be appropriate for skill development/education in support of the MHSA.

**Budget justification:** The costs for this position are calculated at \$25,000 for year 2 (FY 2007-08) representing 3 months of costs for a subcontract with a local non-profit organization to hire, supervise, and implement this action. The funding for year 3 (FY 2008-09) is estimated at \$103,000 for the costs of a full time position hired by a local non-profit organization.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$25,000</b>	<b>FY 2008-09: \$103,000</b>
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## EXHIBIT 4: WORK DETAIL

### A. WORKFORCE STAFFING SUPPORT - CONTINUED

#### **Action #3: Workforce Incentive Counseling Activities**

**Description:** During the planning process, a concept paper was developed for the following services; it is included within the County's plan with the intention of selecting a provider once funding is approved.

Client support staff will conduct an initial interview to aid clients with mental disabilities (beneficiary) in assessing the situation and potential eligibility for various work incentive programs. Staff will assist the beneficiary in developing a long-term benefits management plan to structure the acquisition and effectively monitor state and federal benefits work incentives. The plan will define desired benefits and work outcomes, detail related steps and activities necessary to achieve goals, designated dates and timelines for the completion of such goals, and specify person(s) responsible for carrying out steps and activities. Data that will be collected for the case file will include beneficiary data, educational, training, and employment information, previous and current services and benefits received, and other information relevant to plan development and monitoring.

Additionally, the project will assist in the following areas: gather and analyze information pertinent to the benefits management plan; advise beneficiaries and their support teams regarding financial status before, during, and at the conclusion of benefits; aid with application for, or preparations of, documentation for various work incentive benefits; advocate on behalf of clients with other agencies and programs; and provide information, referrals, and problem-solving support. While assistance will be time-limited, duration will be based on the desired outcome set forth in the benefits management plan for clients.

The project will include an educational component for the purpose of informing SSI, SSDI and Medicaid recipients, family members, payee representatives, service providers, and disability professionals of the different state and federal work incentive programs. Written materials distributed at such events will be obtained through Medicaid offices or other regulatory agencies. Presentations will be based on these materials.

#### **Objectives:**

1. 80-100 clients, over a 15-month period beginning March 2008, will receive a combination of peer support services and work incentive counseling
2. In collaboration with a BHS staff, provider will conduct outreach activities to recruit potential beneficiaries.

**Budget justification:** The costs for this position are calculated at \$20,000 for three months of service for year 2 (FY 2007-08) for a subcontract with a local non-profit organization to hire, supervise, and implement this action. The funding for year 3 (FY 2008-09) is estimated at \$88,850 for the costs of a full time position hired by a local non-profit organization.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$20,000</b>	<b>FY 2008-09: \$ 88,850</b>
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## EXHIBIT 4: WORK DETAIL

### B. TRAINING AND TECHNICAL ASSISTANCE

#### Action #4: Consultant for Workforce Education and Training Development

**Description:** Monterey County hired a professional consultant to initiate partnerships with local educational institutions to develop and implement feasibility studies, local and on-line training opportunities, including certificate programs for mental health professionals, clients and families and other critical staff.

**Objectives:**

Assist the Behavioral Health Director and MHSA Coordinator in workforce development and training activities.

Activities may include:

1. In collaboration with other key BHS Division staff, develop a workforce education and training strategic plan for the BHS Division for implementation of the MHSA.
2. In collaboration with other key BHS Division staff, prepare the application for accessing MHSA funds according to guidelines issued by the State Department of Mental Health.
3. Participate on local, regional and statewide committees and workgroups specific to workforce education and training.
4. Initiate partnerships with local educational institutions to develop and implement feasibility studies, local and on-line training opportunities, including certificate programs, for mental health professionals and other critical staff.

**Budget justification:** Total contract dollar amount was included in early implementation request; however work will be completed in Year 2 (FY 2007-2008). The costs are based on an estimated number of 250 hours of work at \$100 per hour.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$25,000</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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**EXHIBIT 4: WORK DETAIL****B. TRAINING AND TECHNICAL ASSISTANCE - CONTINUED****Action #5: E-Learning Contract**

**Description:** E-Learning will be an invaluable resource that will allow us to develop, deliver and manage educational opportunities and distance learning for staff, family members, clients, and community based organizations. While no specific provider has been selected for e-learning, initial demonstrations with potential contractors have been conducted. Staff, clients and family members will be involved in the selection process. Funding will be used to access the e-learning course catalog and to customize courses to meet the specific and diverse needs of our community.

**Objectives:**

1. Select and contract with an e-learning provider by March 2008.
2. Provide greater ease for staff, community providers, clients and family members to access training and educational courses which meet license requirements and/or provide career path development, as well as rehabilitation and client employment courses.
3. Provide a community access portal for clients and family members and key stakeholders to meet their training and information needs.
4. Increase quality and availability of diverse trainings offered while reducing costs.
5. Provide compliance and quality control for legal requirements by linking to the County's existing education and licensing tracking system.

**Budget justification:** Dollars used in this action item will pay for only the on-going cost of e-learning course catalog usage. The required equipment has already been purchased through other resources and set up fees and maintenance will be part of the County's Capital and Technology application.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$10,000</b>	<b>FY 2008-09: \$15,000</b>
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## EXHIBIT 4: WORK DETAIL

### B. TRAINING AND TECHNICAL ASSISTANCE - CONTINUED

#### **Action #6: Development of Staff Clinical Competence**

**Description:** This action will directly reflect the training needs identified by staff, both in directly operated programs and local contractors providing mental health services, through a survey process. All training will be made available to the BHS Division staff, contract providers, clients and family members and community partners. While not all training providers have been identified for the specific training topics, it will be the responsibility of the local WET committee and the WET coordinator to identify, organize and evaluate each training. Training will be phased in over a two year period and will include ongoing consultation to insure that training concepts are incorporated into practice. All training providers will be knowledgeable of the fundamental principals of MHSA and will integrate them throughout the training (compliance with the above will be specified in any contractual agreement entered into by the County).

Initial training topics identified through the survey process are: 1. Development of clinical expertise in the Dialectic Behavioral Therapy model (DBT), 2. Assessing / treating trauma, and 3. Assessing/ treating co-occurring disorders. The first two training efforts will be launched in the fall/winter of 2007 utilizing other grant funding. The same training will be repeated in 2008 and the additional training around co-occurring disorders will be launched in 2008. Additional trainings identified by the survey process will be evaluated.

#### **Objectives:**

1. The WET subcommittee will identify effective, evidenced-based models for each topic area and determine trainers and most cost effective manner to provide these trainings.
2. Provide annual trainings and ongoing consultations to develop staff competencies in effective models for DBT, trauma assessment and treatment, and treatment of clients with co-occurring disorders.
3. Incorporate into each of these trainings, specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse minority population of our County.
4. Incorporate the client and family voice into each of these trainings to expand beyond the clinical perspective of the trainee.
5. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.

**Budget justification:** DBT costs are \$24,000, trauma based training such as Seeking Safety costs are \$ 8,000, and Co-Occurring Disorders costs are \$50,000. Training costs include trainer, facility, copying of materials, and translation and interpretation services for non-English speaking trainees.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$26,000</b>	<b>FY 2008-09: \$56,000</b>
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#### **Exhibit 4: WORK DETAIL**

#### **B. TRAINING AND TECHNICAL ASSISTANCE - CONTINUED**

#### **Action #7: Integrating Cultural Competence in the Public Mental Health System and Increasing Linguistic Competency of Staff**

**Description:** The BHS Division requested a cultural assessment of the organization's capacity for cultural and linguistic services and the development of strategies and tools for embedding cultural competence in the organizational structure and programs as part of its commitment to the availability of culturally relevant mental health services in Monterey County. The primary purpose and goal of this process is to develop a framework and development of infrastructure and organizational transformation, improved services, participation and interfacing with ethnic groups in the community. This process includes the development of a Cultural Competence Core Work Group which supplements the Cultural Competence Committee and is reflective of the underserved communities in Monterey County. The Core Work group will continue to develop recommendations for training and other strategies to address the issues identified during the assessment process and will continue to develop with the Cultural Competence Committee a year round training plan.

The purpose of cultural competence training is to develop understanding, skills and strategies to assist in embedding cultural competence into the MHSA implementation process and support of cultural competence integration into the BHS Division's reorganization plan that will provide the tools and skills necessary to increase the County's capacity for the delivery of culturally relevant services therefore resulting in better outcomes for the County's culturally diverse clients. The California Brief Multi-Cultural Competence Scale (CBMCS) and Training Program will be an integral component of the training curriculum for staff. The CBMCS is designed to measure and improve the self-reported multicultural competence of mental health service providers. Training will focus on the disparities identified in the planning process and work with administration and programs to apply the strategies created in the CSS plans. Training will also include continued culturally focused discussions with community based organizations, community agencies, community leaders, clients and family members for their perspectives on the cultural aspects of the organization's MHSA and cultural competence plan. Trainings will be coordinated with the Multi-Cultural Services Development Center of the California Institute for Mental Health (CIMH).

Also embedded in this action is the intent to increase the number of staff able to provide services in Spanish or are able to communicate in basic conversational Spanish. This will be accomplished by contracting with the Salinas Adult School to provide a High Intensity Spanish Language training program. The program has a linguistic culture component with an emphasis on workplace communication. Additional specific medical and psychiatric terminology would be covered during the course.

**Exhibit 4: WORK DETAIL**

**B. TRAINING AND TECHNICAL ASSISTANCE - CONTINUED**

**Action #7:**

**Objectives:**

1. Utilize the CBMCS Self Assessment Tool to determine a baseline for BHS staff and its contractors in the spring of 2008.
2. Provide training which will enhance supervision and support of culturally specific services.
3. Provide trainings specifically focused on the diverse needs of the Latino community as well as the African American, Asian Pacific Islander communities.
4. Provide Training in working with and in alternative and traditional cultural healers and healing methods and developing skills of clients and family members as service providers.
5. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
6. Provide basic Spanish language training each semester for 20 staff of BHS and its contract agencies beginning in the fall of 2008.

**Budget Justification:** Year 2 & 3 (FY 2007-09) includes the cost for a cultural competency training contract with CiMH, CBMCS, or a similar contractor. The cost for year 3 (FY 2008-09) includes payment for a contract with Salinas Adult School for the provision of High Intensive Learning classes for two semesters at \$500 per semester for a maximum 25 people each semester.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$20,000</b>	<b>FY 2008-09: \$20,440</b>
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#### Exhibit 4: WORK DETAIL

#### B. TRAINING AND TECHNICAL ASSISTANCE - CONTINUED

##### **Action #8: Client and Family Members Training**

**Description:** Clearly indicated in the Workforce Needs Assessment is the need to expand client and family member involvement through employment and volunteerism within the Public Mental Health System. Training for clients and family members will be a key element as the County makes this transition. The local chapter of National Alliance on Mental Illness (NAMI) has been active in providing both Family to Family training in English and Spanish as well as Peer to Peer training. The Family Partners in the Children's System of Care are trained trainers for the Educate, Equip and Support (EES) curriculum. However; both client groups and family groups are interested in expanding their training opportunities particularly in the area of leadership development.

Client and family groups are in the process of conducting surveys which will elicit the kind of training that will best meet their needs. Specific dollars are being set aside to support participation in state administered programs, for training of trainers' activities and for locally identified needs. Both state training and technical assistance initiatives and materials from the National Mental Health Consumer's Self Help Clearinghouse are being reviewed to determine suitability. Dollars could be used to directly contract with trainers or could be allocated to Wellness Centers to sponsor trainings as well as to provide sites for e-learning opportunities.

##### **Objectives:**

1. Provide training which will incorporate principles of wellness, recovery and resilience.
2. Provide training that will motivate and empower clients and family members to participate in a client and family driven system.
3. Provide translation and interpretation services for non-English speaking clients and family members to insure training will be available to all of our community.
4. Provide child care which will support attendance of trainees.

**Budget justification:** Dollars are being set side for the cost of trainers to provide local trainings, travel to out of county trainings, facilities, translation and interpretation services, and child-care during training activities.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$25,000</b>	<b>FY 2008-09: \$60,000</b>
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## EXHIBIT 4: WORK DETAIL

### C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

#### **Action #9: Explore the Development of a local Master of Social Work Program**

**Description:** Through the Workforce Needs Assessment it is apparent that in Monterey County and the surrounding two counties of Santa Cruz and San Benito Counties there is a critical need for clinical social workers, particularly bilingual Spanish-speaking staff to better serve the clients and families who enter the public mental health system. Monterey County is fortunate to have California State University, Monterey Bay (CSUMB), whose vision statement defines itself as a "campus distinctive in serving the diverse people of California, especially the working class and historically undereducated and low-income populations." The identity of the university is "framed by a substantive commitment to multilingual, multicultural, gender-equitable learning and collaborative partnerships to better serve the community". CSUMB has indicated a willingness to work collaboratively to explore the possibility of establishing a new School of Social Work to better serve the needs of the tri-county area and allow the local communities to "grow their own" staff.

Monterey County's Planning and Early Implementation plan included a request to conduct a feasibility study in accordance with the requirements of the California State University Chancellor's Office (University). This study is in the process of being implemented and will be completed in March 2008. The tri-county Mental Health Directors are sponsoring a meeting with CSUMB faculty, the local Welfare Directors and personnel from the Department of Corrections to elicit support for funding the first two years of start-up costs if the feasibility study provides affirmation of an adequate population of potential students and University approval for proceeding with curriculum development. Additionally, this meeting will be used to obtain a commitment to participate in the stakeholder's process described in the feasibility study. Funds would be used to support faculty as they develop a curriculum for the new graduate program in Social Work, submit an application to the Council of Social Work Education and recruit first year students. Full accreditation would be the ultimate goal.

If the feasibility study shows an interested potential student population and the University decides not to proceed with the program establishment, Monterey County will work with a local community college to develop a distance learning program. Monies allocated for implementation will be used to assist in this start-up.

#### **Objectives:**

1. Conduct stakeholder meetings to determine need for a graduate program in Social Work and define focus of curriculum.
2. Complete a feasibility study to determine the need for a local graduate program in Social Work by April 2008.
3. Provide funding for University staff to develop curriculum and obtain approval from Council on Social Work Education during 2008-2009.
4. Enroll first students in school year of 2009-2010.

**Budget justification:** Costs for a feasibility study during year 1 (FY 2006-07) and year 2 (FY 2007-08) amounts to \$60,000. The feasibility study will be conducted through a contract with a local higher education expert. Funding for year 3 (FY 2008-09) is earmarked for the costs of curriculum development.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$50,000</b>	<b>FY 2007-08: \$10,000</b>	<b>FY 2008-09 :\$100,000</b>
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## EXHIBIT 4: WORK DETAIL

### C. MENTAL HEALTH CAREER PATHWAY PROGRAMS - CONTINUED

#### **Action #10: Local Community Colleges Initiative**

**Description:** Monterey Peninsula College is located in an area where many of the county's residential programs are located and thus would best serve staff and clients who reside on that side of the county. Hartnell College is located in the largely Latino community in Salinas and also has a South Monterey campus in King City, a rural area of Monterey County. Since the need for Spanish speaking staff was a key finding in the Workforce Needs Assessment, it is critical to pursue a partnership with each of these community colleges and to be able to offer courses in a rural area of the county slated for program expansion in the county's MHSA/CSS implementation.

Both community colleges in Monterey County have been approached and expressed a willingness to work collaboratively with BHS and our community partners to develop a client/family member entry level employment preparation program or a full Psychosocial Rehabilitation Certification Program that would likely attempt to incorporate the entire California Association of Social Rehabilitation Agencies' (CASRA) curriculum. An advisory committee consisting of the colleges, including the disabled students services, BHS Division, vocational and employment programs (Office for Employment Training and the Workforce Investment Board), community based organization staff and client /family members will be formed to determine curriculum and coordination of course delivery and to direct social marketing of such programs. The colleges would utilize local service providers as well as clients and family members to teach the classes and hire administrative support and a field work coordinator. Funding would also be used to cover tuition, provide text books through the colleges, and the necessary social marketing to ensure outreach into the community for program recruitment.

#### **Objectives:**

1. Establish an advisory committee comprised of community colleges, the Office for Employment Training, Workforce Investment Board, BHS and its contractors, client and family members to specifically identify potential course offerings.
2. Develop a curriculum for a client entry level employment preparation program and/or develop curriculum in conjunction with CASRA available in the fall of 2008.
3. Enroll 30 students/ year and have 75% of those students obtain a CASRA certification.
4. Increase the number of public mental health employees with CASRA certification by 50%.

**Budget justification:** Funding would support stakeholder meetings to develop courses, cost of CASRA curriculum and consultation, cost of teacher and clients providing course work, coordinator of field placements, books for participants and social marketing for outreach to clients, family members and minority groups who could potentially seek training and future employment.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$5,000</b>	<b>FY 2008-09: \$100,000</b>
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**EXHIBIT 4 WORK DETAIL**

**D. RESIDENCY, INTERNSHIP PROGRAMS**

**Action #:**

**Description:**

At this time, Monterey County will not be applying for funds in this component

**Objectives:**

**Budget justification:**

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$0</b>
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## EXHIBIT 4: WORK DETAIL

### E. FINANCIAL INCENTIVE PROGRAMS

#### **Action #11: Stipends and Incentives**

**Description:** The county would establish a scholarship program for both existing employees and those willing to make a commitment to work within the public mental health system for a specified period of time. For individuals working within the directly operated program there is already a substantial financial reimbursement incentive for educational advancement but this is not available for individuals working in contractor agencies or employed in other fields and hoping to enter public mental health services. These dollars would be braided with existing resources to insure maximization of funding opportunities. Funds would be used to obtain degrees, licenses, certification or language proficiencies that would address workforce shortages of critical skills and under-representation of racial/ethnic, cultural or linguistic groups in the workforce and to address the principle of integrating clients and family members into all levels of public mental health employment.

Funding would also be used to pay stipends for individuals with client and family member experience for participation and completion of education or training programs that enable them to work or volunteer within the public mental health system.

#### **Objectives:**

1. In conjunction with State initiatives or the California State University system, establish a minimum of 3 scholarships per year for advanced degrees by the fall of 2008.
2. Complete county policy and develop a management system for payment of stipends to non-county employees by March 2008.
3. Provide stipends for staff in non-county operated programs to enable them to attend trainings that increase their expertise in providing services in conjunction with the principles of MHSA.
4. Provide stipends that would enable clients and family members attend trainings which would increase their capacity to serve within the public mental health system.

**Budget justification:** Costs for year 1 (FY 2006-07) are calculated at \$15,000 for training and \$12,000 for stipends for consumers. Costs for year 2 (FY 2007-08) were calculated at \$15,000 for training and \$5,000 for consumer stipends. Funding for year 3 (FY 2008-09) are estimated at \$50,000 for scholarships, \$15,000 for training and \$30,000 for consumer stipends.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$27,000</b>	<b>FY 2007-08: \$20,000</b>	<b>FY 2008-09: \$95,000</b>
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## EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (4) that apply.

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #1: Workforce Education & Training Coordination	X	X	X	X	X	X		X		X	X	X	X
Action #2 Workforce Development Specialist	X	X	X	X	X	X	X					X	X
Action #3: Workforce Incentive Counseling Activities	X	X	X	X	X	X	X					X	X
Action #4: Consultant for WET Development	X	X	X	X	X	X		X		X		X	
Action #5: E-Learning Contract	X	X	X	X	X			X			X	X	
Action #6: Development of Staff Clinical Competence	X	X	X	X	X			X			X		
Action #7: Integrating Cultural Competence in the Public Mental Health System and Increasing Linguistic Competency of Staff	X	X	X	X	X			X			X		
Action #8: Client and Family Member Training	X	X	X	X	X	X					X	X	X
Action #9: Explore the Development of a local MSW Program	X	X	X	X	X		X	X	X	X	X		X
Action #10: Community College Initiative	X	X	X	X	X		X		X		X	X	X
Action #11: Stipends and Incentives	X	X	X	X	X				X			X	X

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$70,600	\$0	\$70,600
B. Training and Technical Assistance	\$25,000	\$0	\$25,000
C. Mental Health Career Pathway Programs	\$50,000	\$0	\$50,000
D. Residency, Internship Programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$27,000	\$0	\$27,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>\$172,600</b>

<b>Fiscal Year: 2007-08</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$0	\$89,175	\$89,175
B. Training and Technical Assistance	\$0	\$81,000	\$81,000
C. Mental Health Career Pathway Programs	\$0	\$15,000	\$15,000
D. Residency, Internship Programs	\$0	\$0	\$0
E. Financial Incentive Programs	\$0	\$20,000	\$20,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			<b>\$205,175</b>

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:		\$326,385	\$326,385
B. Training and Technical Assistance		\$151,440	\$151,440
C. Mental Health Career Pathway Programs		\$200,000	\$200,000
D. Residency, Internship Programs		\$0	\$0
E. Financial Incentive Programs		\$95,000	\$95,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>\$772,825</b>